			192	· · · · · · · · · · · · · · · · · · ·
ARIZ	CONA STATE B	OARD OF HEALT	H State File No. CLA	<u>.</u> 1
1. PLACE OF BIRTH	BUREAU OF VIT		Registered No.	_
gra.		success aviona	•	
County Gila	,,	State		
District or Township	11 3 0	or Village		\
City	No. 7 / Jul	rred in a hospital or institution	St., Wa o, give its NAME instead of street and number	rd
2. Full name of child Andres			[If child is not yet named, ma supplemental report, as directed	. 3
3. Sex of Child To be answered ONLY 4.	Twin, triplet or other.	6. Legitimate?	7. Date // 3 /2-	7
male in event of plural births. 5.	No., in order of birth	yes	of birth Wor 30 1920 Month Day Year	<u> </u>
8. FATHER		14.	MOTHER	
Full name Jesus Vargas		Full maiden name	elin Rodriguez	_
9. Residence (Usual place of abode) Manie ! Augona		15. Residence (Usual place of abode)	elin Rodriguez manni angan	
If non-resident, give place and state.		If non-resident, give	place and state.	<u>-</u>
10. Color or race		16. Color or race		1
Mulican 11. Age at last birth	aday 40 (Years)	mex: can	17. Age at last birthday 2 2 (Yes	ra)
12. Birthplace (city or place)		18. Birthplace (city or place)		
(State or country) Mexic	0	(State or country)	mexico.	_ [
13. Occupation - Miner		19. Occupation	Honseine e	1
Nature of industry	,	Nature of industry	Ornservife	3.5
Capper		<u> </u>		<u>`</u>
20. Number of children of this mother	7 (a) Born alive an	id now living	21. Were precautions taken against op thalmis neonatorum?	h-
(Taken as of time of birth of child herein certified and including this child.)	(c) Stillborn		4.00	
CERTIFIC	CATE OF ATTENDING	PHYSICIAN OR MIDWIF	· /1 2 /—	
I hereby certify that I attended the birth of this	child, who was	Born alive or stillborn.)	in, on the date above state	eđ.
* When there was no attending physician or midwife, then the father, householder,	Signature		dr. dr. melen	
etc., should make this return. A stillborn child is one that neither breathes nor			rus	r r
shows other evidence of life after birth.	***************************************		(Physician br midwife).	
Given name added from a supplemental report.	Address	maun 1	guan	
Month, day, year	EU LLE	e10 ,291	(0)	
Registrar	######################################	~ · · · · · · · · · · · · · · · · · · ·	Registrar	a
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